ASSERT-IQ™ EL+ INSERTABLE CARDIAC MONITOR (ICM)

AF PATIENT CARE BEYOND DIAGNOSIS

Extend your monitoring using the longest lasting Bluetooth® ICM[1-9] with no compromises: Assert-IQ EL+ ICM.

Following catheter ablation, recurrent AF episodes are **~3X more likely** to be **asymptomatic** compared to symptomatic ones.[10-14]

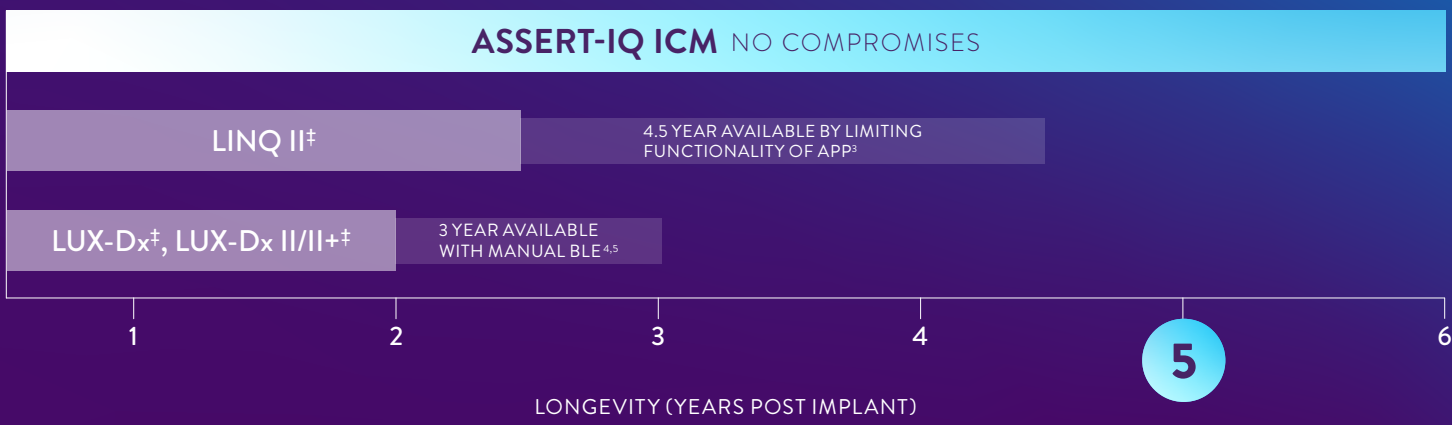
5 YEARS

Up to **46%** of patients experience **very late AF recurrence** at 5 years.[15]

Patients with AF recurrence face an **increased risk of AF-related thromboembolic events**, even if asymptomatic.[16]

LOOK BEYOND 3-4 YEARS

ASSERT-IQ EL+ IS THE ONLY ICM FOR LONGER TERM (6+ YEARS) MONITORING FOR AF MANAGEMENT.[1-9]



PUBLISHED DATA SUPPORTS LONG-TERM MONITORING WITH AN ICM AS A **MORE EFFECTIVE WAY TO MANAGE AF.**

In a study of post-AF ablation patients with and without insertable cardiac monitoring, the use of ICMs is associated with:[16]

REDUCTION in clinical events	**COST DIFFERENCE** per 100 patients*
17% AF Hospitalizations	**$377,800**
50% HF Hospitalizations	**$266,500**
26% Total Severe Cardiovascular Events**	**$834,900**

** Cost savings is based on 1.4–4 years post-AF ablation. Mean cost per patient is based on Mansour et al. with an inflation adjustment applied.*
*** Composite of: acute ischemic stroke, transient ischemic attack, systemic embolism, major bleeds, AF- and HF-related hospitalizations, and death.*[§]

PROFESSIONAL SOCIETIES SUPPORT **LONG-TERM MONITORING WITH AN ICM.**[15, 17]

For post-ablation patients in whom discontinuation of an oral anticoagulant (OAC) is considered, an ICM has been shown to detect more arrhythmia recurrences than short-term ECG monitors according to a 2017 consensus statement from:

- Heart Rhythm Society
- European Heart Rhythm Association
- European Society of Cardiology

Why would you treat your AF patients differently? Continuous monitoring is relied upon for disease management in diabetes, hypertension, and heart failure.[18]

Scan the QR code to learn more or visit Cardiovascular.Abbott/AssertIQ

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[§] The study was a retrospective analysis of insurance claims data, not a randomized controlled trial. Presence of an ICD-9/10 diagnosis code for AF or HF in the primary diagnostic position on the inpatient claim were used to calculate total costs. Results may not be generalizable to all AF ablation patients, particularly those who require additional cardiac devices. The study could not differentiate between types of AF (paroxysmal, persistent, permanent) due to coding limitations.

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Indications for Use: The Assert-IQ™ ICM is indicated for the monitoring and diagnostic evaluation of patients who experience unexplained symptoms that may be cardiac-related such as: dizziness, palpitations, chest pain, syncope, and shortness of breath, as well as patients who are at risk for cardiac arrhythmias such as bradycardia, tachycardia, and sinus pauses. The Assert-IQ ICM is also indicated for patients who have been previously diagnosed with atrial fibrillation (AF) or who are susceptible to developing AF. The Assert-IQ ICM is intended to be inserted subcutaneously in the left pectoral region, also described as the left anterior chest wall. The Assert-IQ ICM has not been specifically tested for pediatric use.

Intended Use: The Assert-IQ ICM is intended to help physicians and clinicians monitor, diagnose and document the heart rhythm in patients who are susceptible to cardiac arrhythmias and unexplained symptoms by detecting arrhythmias and transmitting data for review.

Contraindications: There are no known contraindications for the insertion of the Assert-IQ ICM. However, the patient's particular medical condition may dictate whether or not a subcutaneous, chronically inserted device can be tolerated.

Potential Adverse Events: Possible adverse events (in alphabetical order) associated with the device, include the following: allergic reaction, bleeding, chronic nerve damage, erosion, excessive fibrotic tissue growth, extrusion, formation of hematomas or cysts, infection, keloid formation and migration.

Refer to the User's Manual for detailed indications for use, contraindications, warnings, precautions and potential adverse events. An Abbott mobile transmitter is available for patients without their own compatible mobile device.

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